


ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

FILED

JAN 10 2020
DAVID CREWS, CLERK
BY  Deputy

Randy Dwayne Battles
Plaintiff

CASE NO.

3:20CV14-NBB-DAS

v.
Desoto County, ~~Mississippi~~
ADULT Detention Facility
(DCSO)
Defendant

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Randy Dwayne Battles

B. Name under which sentenced:

Randy Dwayne Battles

C. Inmate identification number:

038261

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

3425 Industrial DR.
Hernando, MS 38632

E. Place of confinement:

Desoto County Detention Facility

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action: (DCSO)

Name:

Desoto County Detention Facility

Title (Superintendent, Sheriff, etc.):

The County Jail

Defendant's mailing address (street or post office box number, city, state, ZIP)

3425 Industrial DR.
Hernando, MS 38632

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Name:

Chad Wicker

Title (Superintendent, Sheriff, etc.):

Director c/o DeSoto County Jail

Defendant's mailing address (street or post office box number, city, state, ZIP)

3425 Industrial Drive
Hernando, Ms 38632

Name:

Bill Rasco

Title (Superintendent, Sheriff, etc.):

Sheriff

Defendant's mailing address (street or post office box number, city, state, ZIP)

3425 Industrial Dr.
Hernando, Ms 38632

Name:

(DCSO) Medical Staff

Title (Superintendent, Sheriff, etc.):

Medical Staff

Defendant's mailing address (street or post office box number, city, state, ZIP)

3425 Industrial Dr.
Hernando, Ms 38632

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No
4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s):

N/A

Defendant(s):

N/A

B. Court:

N/A

C. Docket No.:

N/A

D. Judge's Name:

N/A

E. Date suit filed:

N/A

F. Date decided:

N/A

G. Result (affirmed, reversed, etc.):

N/A

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 9, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

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A. Does the grievance system place a limit on the time within which a grievance must be presented?

☐ Yes

☒ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed?

☒ Yes

☐ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

ON THE DATE 11/29/2019 on DAY SHIFT 2:35 PM
 Denied Access to Medical Again for further
 leg dressings or to Recieve Dressings for leg.
 And further till Infection and Hospitalized,
 Threatened with Force of TAZER And to be
 Confined in Padded Cell. IF I TRIED TO
 SEEK FURTHER MEDICAL ATTENTION OR
 EVEN DRESSED THE CALL BOX INTERCOM
 <INSERTED EXHIBITS ATTACHED>
 <SEE INSERT>

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

Following is A list of History with
 Reference #'s for Medical Request
 Grievances and Request General.
 These Grievances were filed under different
 Sensitive Nature for each one
 Maybe being Unjust, Restricted Privileges,
 Civil Rights Violations, Unfair treatment,
 etcetera.

SEE <INSERT ATTACHED>

11/29/2019 Grievance # 5,464,985

Complaint • Response 12/3/2019 (Director CHAD WICKER)
6 days later "I will have staff look into this"

11/29/2019 Grievance # 5,464,894

Complaint • Response 12/3/2019 (Director CHAD WICKER)
6 days later "WHAT DAY DID THIS OCCUR"

11/29/2019 Grievance # 5,465,033

COMPLAINT • Response 12/3/2019 (DIRECTOR CHAD WICKER)
6 days later "You HAVE Addressed this in Multiple Grievance
The Incident will be Reviewed"

11/29/2019 GRIEVANCE # 5,464,922

COMPLAINT • Response 12/3/2019 (DIRECTOR CHAD WICKER)
6 days later "Submit A Medical Request. ..."

11/29/2019 GRIEVANCE # 5,465,069

COMPLAINT • Response 12/3/2019

6 Days later "This Incident is going to be Reviewed"

THIS CONCLUDES THE GRIEVANCES FILED
WITH NO RELIEF

FURTHER ARE GENERAL REQUEST AND
MEDICAL REQUEST RELATED UP TO THE
INCIDENT AND AFTERWARDS TO
HOSPITALIZATION

<SEE INSERTED NEXT PAGE ATTACHED>
(continued)

• 11/23/2019 MEDICAL REQUEST
REFERENCE # 5,431,136

Response 11/24/2019 (LPN. CLARK)

IN REFERENCE TO NEEDING MEDICAL AND
SUPPLIES FOR leg... COMPLAINT...

• 11/25/2019 MEDICAL REQUEST
REFERENCE # 5,443,676 • COMPLAINT.

Hallucinations, Needing MRI SCAN COMPLETE for Leg

• 11/30/2019 MEDICAL REQUEST

REFERENCE # 5,469,768 (NEEDING MEDICAL ASST.)
MATERIALS FOR LEG

• 12/2/2019 MEDICAL REQUEST

REFERENCE # 5,477,742 (Asking For Better Medical
Treatment to be Moved to Medical, Medical Shoes
And STATED "I've Been Asking for MEDICAL SUPPLIES
FOR SOME TIME NOW"

• 12/11/2019 MEDICAL REQUEST

REFERENCE # 5,531,517 "COMPLAINT" ~~AA~~ PAIN,
SWOLLEN LEG, HURTING, HEARTBEAT FAST, BLOOD PRESSURE
HIGH, ~~DE~~

~~AA~~ TAKEN TO HOSPITAL FOR ULTRASOUND TO CHECK
FOR BLOOD CLOT.... ULTRASOUND ONLY

~~AAAA~~ RETURN FROM ULTRASOUND ONLY

12/12/2019 MEDICAL REQUEST • COMPLAINT.

REFERENCE # 5,536,363 (HURTING IN PAIN BARELY
WALKING)
"BEGGING FOR RESULTS FROM TEST"

12/13/2019 MEDICAL REQUEST • COMPLAINT.

REFERENCE # 5,543,088 (HEART HURTING, HEART
BEAT FAST, BLOOD PRESSURE, CHEST, LEG PAIN, REDNESS IN
GROIN, RED STREAKS LEG. (EKG) SENT TO HOSPITAL...
(CONTINUED)

• CONTINUED • REFERENCE # 5,543,088
WAS SENT TO HOSPITAL BODY SHOWING SIGNS
OF DISTRESS AND ABNORMAL ACTIVITY (SWEATING
NO FEVERS AND THE SAME ALREADY LISTED
CONCERNS....

HOSPITAL CONCERNED SUGGEST FURTHER MRI
AND CONTINUE ANTIBIOTICS FOR
INFECTION NOW IN LEG TO GO IN BONES

• 12/14/2019 MEDICAL REQUEST.

REFERENCE NUMBER 5,548,839 • COMPLAINT.
ASKING FOR HELP AND SUGGESTED TEST, PAIN
REDNESS, PAIN, INFECTION IN LEG, OSTEO-MYELITIS
BONE INFECTION

~~0000~~ THE FOLLOWING ARE
GENERAL REQUEST FILED
PERTAINING TO CIVIL ACTION...

12/11/2019 GENERAL REQUEST

REFERENCE # 5,531,549 REQUESTING
MEDICAL HELP through Request because
THREATENED WITH FORCE AND PUNISHMENT
IF USED EMERGENCY INTERCOM CALL BOX

12/11/2019 GENERAL REQUEST TO
REFERENCE # 5,551,388 (DIRECTOR CHADWICKED)
Asking For Compliance in Filling Out
the Form to Proceed in Forma Pauperis.
for Civil 1983 Action on Claim

TOTAL OF 16 (complaints, Request,
GRIEVANCES)

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

N/A

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

ON NOVEMBER 12th 2019 I WAS ARRESTED AND DETAINED IN THE DESOTO COUNTY JAIL IN MISSISSIPPI IN THE CITY OF HERNANDO. I HAVE A CHRONIC LEG ISSUE THAT NEEDS DAILY CARE AND LEG BANDAGES THAT HAVE TO BE CHANGED TO KEEP INFECTION AWAY. THERE IS SIGNIFICANT DAMAGE AND IS A CHRONIC ISSUE THAT RELIES ON ADEQUATE MEDICAL HEALTH CARE, THIS FACILITY SUPPLIED THAT FOR ME FOR APPROXIMATELY ONE (1) WEEK THEN REMOVED ME FROM THE WOUND CARE LIST. THEY BEGAN BY GIVING ME A STACK OF (2X4 GAUZE BANDAGES) NO PLASTIC BAG TO CONTAIN THE SANITARY VALUE OF THE STERILE BANDAGES, NO STERILE WATER. (SALINE WOUND WASH)

(Continued from Page 4)

No other cleaning Antiseptics and (1) ACE BANDAGE WRAP TO REPLACE OVER AND OVER ON THE WOUND SITE, I was to be on ANTIBIOTICS AND WAS DISCONT-
~~INUED~~ INUED, Within shortly a period of time my leg became Feverishly Infected causing Hospitalization 2 times in one week with Major Distress and pain unbearable, Elevated Extreme Blood pressure, Heart beat of 141 Beats per minute, the leg to become Swollen with Major Red streaks trailing from the lower right extremity to the groin Area Swollen and painful, 1st Hospital visit 12/11/19
2nd visit 12/13/19 these were both treated by Major IV Antibiotics and a final Diagnosis of Osteomyelitis infection Settling in the Bone which can be fatal if not treated. But Majorly Painful with No pain Meds, and No treatment still, —>
(CONTINUED ON BACK)

Besides a order of Antibiotics to hopefully keep the infection from spreading further in my bones which will cause Amputation and could be fatal, During this time of pain there are incidents where I pleaded with staff for Medical help, and was threatened with force and punishment denying me access to Medical or even access to safety from the Security Staff. My Right to Call for Adequate Medical Health Care was Neglected and I was Threatened to Not ask for Help anymore... (See Referenced Grievance Numbers (INSERT) and Request Forms and Complaints.....

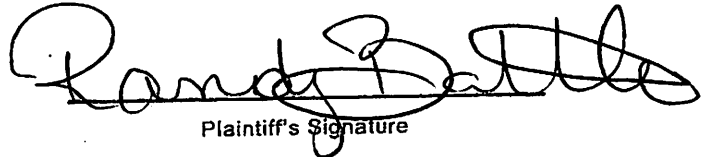
10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

The Facility as a whole has been Medically Negligent. THE DIRECTOR SHALL HAVE A Demotion The lead Medical staff Personell be demoted and a monetary obligation of \$250,000 be awarded the Plaintiff with seperately the Medical expenses paid and if further Health is Declined and Amputation is Required further Monetary Agreements shall be met for the Plaintiff. all in the History of PTSD Pain and Suffering Being Victimized and my family Being A Victim with Agony and more loss of movement in my leg... DeSoto County Detention Facility, Hernando, Ms.

This Complaint was executed at (location):

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date: 12-16-2019



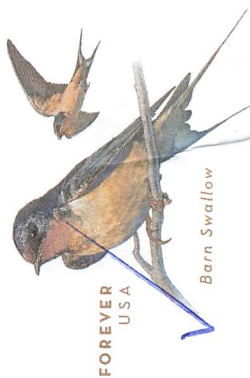
Plaintiff's Signature

Randy D Battles #038261
3045 Industrial Drive West
Hernando, MS 38632

RECEIVED

JAN 10 2020

United States District Court
Northern District of Mississippi



UNITED STATES DISTRICT COURT
OFFICE OF THE CLERK
203 GILMORE DRIVE
AMORY MS 38821

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